



GRANT ASSISTANCE PARTNERSHIP Project Evaluation

General Information

| | |
|--------------------------------------|----|
| Neighborhood Association | |
| Project Activity | |
| Date Project Completed | |
| GAP Grant Funds Used: | \$ |
| Estimated Total Cost of the Activity | \$ |

1. Please provide a brief summary of this activity:
2. Did you achieve the desired outcomes for this project? Why? Why not?
3. List the groups that partnered with you on this activity.

Please attach the following regarding the Activity, as appropriate:

| | |
|--------------------------|--|
| <input type="checkbox"/> | Photos |
| <input type="checkbox"/> | Publicity (newsletters, flyers, etc.) |
| <input type="checkbox"/> | Copies of Sign-in sheets |
| <input type="checkbox"/> | Records documenting the income of the program beneficiaries (if requested) |

Signature

Date



**GRANT ASSISTANCE PARTNERSHIP
EXPENSE REPORT and/or CHECK REQUEST**

| Neighborhood Association: | | | | | | | |
|--------------------------------|--------------|--------|----------------|--------------|------|----------|----------|
| Receipt No. | Receipt Date | Vendor | Item Purchased | Amount Spent | | | ACTIVITY |
| | | | | Total | Food | Non-Food | |
| | | | | \$ | \$ | \$ | |
| | | | | | | | |
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| | | | | | | | |
| Total Spent | | | | \$ | \$ | \$ | |
| Reimbursement Requested | | | | \$ | | | |

Checks for Requests submitted Tuesday of each week will normally be available Friday of the same week, after 3 pm.

_____Please mail check. _____Check will be picked up by_____

I certify that the above information is correct. Expenditures have been made according to the approved GAP budget.

Signature

Date



QUOTE INFORMATION

Please attach to Expense Report/Check Request as documentation.

| | | |
|---|-------------------------|-------------------------|
| Neighborhood Association Name: | | |
| | | |
| Please provide 3 verbal quotes for all expenses under \$1,500 and provide a reason why the preferred vendors were selected. | | |
| If the expense is greater than \$1,500, please attach 3 written quotes. | | |
| | | |
| <u>Expense 1</u> | <u>Expense 2</u> | <u>Expense 3</u> |
| Type of Expense: | Type of Expense: | Type of Expense: |
| <u>Quote 1</u> | <u>Quote 1</u> | <u>Quote 1</u> |
| Vendor Name: | Vendor Name: | Vendor Name: |
| Amount Quoted: | Amount Quoted: | Amount Quoted: |
| | | |
| <u>Quote 2</u> | <u>Quote 2</u> | <u>Quote 2</u> |
| Vendor Name: | Vendor Name: | Vendor Name: |
| Amount Quoted: | Amount Quoted: | Amount Quoted: |
| | | |
| <u>Quote 3</u> | <u>Quote 3</u> | <u>Quote 3</u> |
| Vendor Name: | Vendor Name: | Vendor Name: |
| Amount Quoted: | Amount Quoted: | Amount Quoted: |
| Justification for vendors chosen: | | |
| <u>Expense 1</u> | | |
| | | |
| | | |
| <u>Expense 2</u> | | |
| | | |
| | | |
| <u>Expense 3</u> | | |
| | | |
| | | |

Signature

Date